

Department Of Transportation  
OPRL Office  
ODOT Public Records Request  
355 Capitol Street NE MS 51  
Salem, OR 97301

April 25, 2019

To Whom It May Concern:

Pursuant to the Oregon Public Records Law, I hereby request the following records:

All materials on or related to Gender X driver's licenses and state IDs. This includes, but is not limited to, the following records:

- Emails containing the keywords "Gender X," "non-specified," "transgender," "intersex," "Two-Spirit," "gender identity," and "sexual identification" from the first issuance date of Gender X driver's licenses and state IDs
- Marketing materials such as brochures, pamphlets, cards, etc.
- Any policy directives, guidance documents, memorandum, training materials, or similar records
- Revenue made off of Gender X driver's licenses and state IDs, and/or the total number of people with Gender X driver's licenses and state IDs

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 10 business days.

Sincerely,

Mackenzie Farkus

Filed via MuckRock.com

E-mail (Preferred): 72223-12565132@requests.muckrock.com

For mailed responses, please address (see note):

MuckRock News  
DEPT MR 72223  
411A Highland Ave  
Somerville, MA 02144-2516

PLEASE NOTE: This request was filed by a MuckRock staff reporter. Also note that improperly addressed (i.e., with the requester's name rather than "MuckRock News" and the department number) requests might be returned as undeliverable.



## ODOT PUBLIC RECORDS REQUEST

Please read instructions ([http://www.oregon.gov/ODOT/Forms/20DOT/0489\\_instr.pdf](http://www.oregon.gov/ODOT/Forms/20DOT/0489_instr.pdf)) before completing and submitting this request. This form works best if you save it to your computer before completing.

### Section A – Requester information

NAME OF REQUESTING PARTY <b>Mackenzie Farkus</b>		REPRESENTING (GROUP OR ORGANIZATION) <b>MuckRock News</b>		REQUEST DATE <b>4/25/2019</b>
MAILING ADDRESS <b>MuckRock News DEPT MR 72223, 411A Highland Ave</b>		CITY <b>Somerville</b>	STATE <b>MA</b>	ZIP <b>02144</b>
PHONE <b>617-299-1832</b>	EMAIL ADDRESS <b>72223-12565132@requests.muckrock.com</b>			

### Section B – Record(s) requested

DESCRIPTION OF RECORDS REQUESTED To Whom It May Concern:
<p>Pursuant to the Oregon Public Records Law, I hereby request the following records:</p> <p>All materials on or related to Gender X driver's licenses and state IDs. This includes, but is not limited to, the following records:</p> <p>?Emails containing the keywords "Gender X," "non-specified," "transgender," "intersex," "Two-Spirit," "gender identity," and "sexual identification" from the first issuance date of Gender X driver's licenses and state IDs</p> <p>?Marketing materials such as brochures, pamphlets, cards, etc.</p> <p>?Any policy directives, guidance documents, memorandum, training materials, or similar records</p> <p>?Revenue made off of Gender X driver's licenses and state IDs, and/or the total number of people with Gender X driver's licenses and state IDs</p> <p>The requested documents will be made available to the general public, and this request is not being made for commercial purposes.</p> <p>In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.</p> <p>Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 10 business days.</p> <p>Sincerely,</p> <p>Mackenzie Farkus</p>

### Section C – Receiving record(s), certification

CERTIFICATION <b>Media</b>	PREFERRED METHOD OF RECEIPT <b>Digital via email</b>	PICK UP LOCATION (IF APPLICABLE)
AREA(S) OF ODOT CONTACTED REGARDING THIS REQUEST		

Submitting this form:

Submit by email: Save completed form. Attach completed form to an email addressed to [ODOTPRR@odot.state.or.us](mailto:ODOTPRR@odot.state.or.us)

Submit by fax: (503) 986-4025

Submit in person or by mail: ODOT Records Officer, Business Services Branch MS 51, 355 Capitol St. NE, Salem, OR 97301

To request a public-interest waiver or reduction of fees, complete the Fee Waiver or Reduction Request below.

ODOT OFFICE USE ONLY				
ESTIMATE AMOUNT	DATE ESTIMATE PROVIDED	DATE AUTHORIZED TO PROCEED	REQUEST WITHDRAWN	REQUEST COMPLETED
ACTUAL COST	PAYMENT RECEIVED	MISCELLANEOUS BILLING DATE	COMPLETED BY	COMPLETED BY
COMMENTS				